

Wisconsin Medicaid and BadgerCare update

June 2000 • No. 2000-23

PHC 1729

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Case Management
Providers

Community
Support
Programs

County
Departments of
Community
Programming

County Human
Service
Departments

County Mental
Health
Coordinators

County-Owned
Mental Health/
Substance
Abuse Clinics

County Social
Service
Departments

County Substance
Abuse
Coordinators

County/Tribal
Aging Units

Crisis Intervention
Providers

Tribal Human
Service
Facilitators

HMOs & Other
Managed Care
Programs

Rate changes for services receiving only federal funds

This *Update* describes changes to contracted hourly rates and federal share reimbursement rates.

The information in this *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for rate information. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Contracted hourly rates increase 3.9%, effective July 1, 2000

Effective for dates of service on and after July 1, 2000, Wisconsin Medicaid contracted hourly rates increase 3.9% for the following services:

- Case management services.
- Community support program services.
- Crisis intervention services.
- Mental health/substance abuse outpatient services in the home or community.

The contracted hourly rate is the uniform hourly rate determined by the Department of Health and Family Services (DHFS) and required by the Medicaid state plan.

Federal share increases 0.51%, effective October 1, 2000

Effective for claims processed on and after October 1, 2000, the federal share for the services previously listed increases from 58.78% to 59.29%. Wisconsin Medicaid pays only the federal share of the contracted hourly rates when reimbursing these services.

Updated fee schedules

Attached are the updated Wisconsin Medicaid fee schedules reflecting these changes.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Wisconsin Medicaid Fee Schedule

Case Management Services

Effective for dates of service on and after July 1, 2000

Procedure Code	Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/00	Reimbursement (federal share) Processed on and after 10/01/00
W7051	Assessment	\$40.28	\$23.68	\$23.88
W7061	Case Planning	\$40.28	\$23.68	\$23.88
W7062	Institutional Discharge Planning	\$40.28	\$23.68	\$23.88
W7071	Ongoing Monitoring and Service Coordination	\$40.28	\$23.68	\$23.88

Wisconsin Medicaid Fee Schedule Case Management Services

Effective for dates of services on and after July 1, 2000

This is your Wisconsin Medicaid Fee Schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Effective Date	The effective date of service on or after which the reimbursement rate applies.
Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g. recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

Case Management Services Policy Analyst
Division of Health Care Financing
PO Box 309
Madison, WI 53701-0309

Wisconsin Medicaid Fee Schedule

Community Support Programs (CSP)

Effective for dates of service on and after July 1, 2000

Service/Skill Level (Procedure Code)	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/00	Reimbursement (federal share) Processed on and after 10/01/00
CSP/MD-individual (W8200, W8210, W8220, W8230, W8240, W8250)	\$139.66	\$82.09	\$82.80
CSP/MD-group (W8280)	\$34.92	\$20.53	\$20.70
CSP/PhD-individual (W8201, W8211, W8221, W8241, W8251, W8271)	\$104.75	\$61.57	\$62.11
CSP/PhD-group (W8281)	\$26.17	\$15.38	\$15.52
CSP/Masters-individual (W8202, W8212, W8222, W8242, W8252, W8262, W8272)	\$83.81	\$49.26	\$49.69
CSP/Masters-group (W8282)	\$20.95	\$12.31	\$12.42
CSP/Professional-individual (W8203, W8213, W8233, W8243, W8253, W8263, W8273)	\$55.85	\$32.83	\$33.11
CSP/Professional-group (W8283)	\$13.97	\$8.21	\$8.28
CSP/Technician-individual (W8274)	\$20.95	\$12.31	\$12.42

Wisconsin Medicaid Fee Schedule Community Support Programs

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Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g. recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.).

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Community Support Programs Policy Analyst
Division of Health Care Financing
PO Box 309
Madison, WI 53701-0309

Wisconsin Medicaid Fee Schedule

Crisis Intervention Services

Effective for dates of service on and after July 1, 2000

Provider Type	Procedure Code and Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/00	Reimbursement (federal share) Processed on and after 10/01/00
MD	W9551-Initial assessment and planning	\$137.92	\$81.07	\$81.77
MD	W9555-Crisis linkage and follow-up	\$137.92	\$81.07	\$81.77
MD	W9559-Crisis stabilization	\$137.92	\$81.07	\$81.77
PhD	W9552-Initial assessment and planning	\$102.60	\$60.31	\$60.83
PhD	W9556-Crisis linkage and follow-up	\$102.60	\$60.31	\$60.83
PhD	W9560-Crisis stabilization	\$102.60	\$60.31	\$60.83
MS/RN	W9553-Initial assessment and planning	\$82.75	\$48.64	\$49.06
MS/RN	W9557-Crisis linkage and follow-up	\$82.75	\$48.64	\$49.06
MS/RN	W9561-Crisis stabilization	\$82.75	\$48.64	\$49.06
Other	W9554-Initial assessment and planning	\$44.14	\$25.95	\$26.17
Other	W9558-Crisis linkage and follow-up	\$44.14	\$25.95	\$26.17
Other	W9562-Crisis stabilization	\$44.14	\$25.95	\$26.17
All	W9563-Crisis stabilization alternate care, per diem	\$129.88	\$76.34	\$77.01

Bill all services using type of service (TOS) code "1" (medical).

Wisconsin Medicaid Fee Schedule Crisis Intervention Services

Effective for dates of services on and after July 1, 2000

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Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g. recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

Crisis Intervention Services Policy Analyst
Division of Health Care Financing
PO Box 309
Madison, WI 53701-0309

Wisconsin Medicaid Fee Schedule

Mental Health/Substance Abuse Outpatient Services in the Home or Community

Effective for dates of service on and after July 1, 2000

Procedure Code (TOS)	Procedure Code Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/00	Reimbursement (federal share) Processed on and after 10/01/00
W7400 (1)	Psychiatric Diagnostic Interview Exam - Home or Community by Psychiatrist	\$139.66	\$82.09	\$82.80
W7401 (9)	Psychiatric Diagnostic Interview Exam - Home or Community by Ph.D.	\$104.75	\$61.57	\$62.11
W7402 (9)	Psychiatric Diagnostic Interview Exam - Home or Community by Master's	\$83.81	\$49.26	\$49.69
W7403 (1)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Psychiatrist	\$139.66	\$82.09	\$82.80
W7404 (9)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Ph.D.	\$104.75	\$61.57	\$62.11
W7405 (9)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Master's	\$83.81	\$49.26	\$49.69
W7406 (1)	Individual Substance Abuse Therapy - Home or Community by AODA Counselor	\$55.85	\$32.83	\$33.11
W7407 (1)	Individual Substance Abuse Therapy - Home or Community by M.D. other than Psychiatrist	\$139.66	\$82.09	\$82.80
W7408 (1)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Psychiatrist	\$34.92	\$20.53	\$20.70
W7409 (9)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Ph.D.	\$26.17	\$15.38	\$15.52

Procedure Code (TOS)	Procedure Code Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/00	Reimbursement (federal share) Processed on and after 10/01/00
W7410 (9)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Master's	\$20.95	\$12.31	\$12.42
W7411 (1)	Group Substance Abuse Therapy - Home or Community by AODA Counselor	\$13.97	\$8.21	\$8.28
W7412 (1)	Group Substance Abuse Therapy - Home or Community by M.D. other than Psychiatrist	\$34.92	\$20.53	\$20.70
W7413 (1)	Pharmacologic Management - Home or Community by M.D./N.P./P.A. (Quantity 1=15 minutes)	\$34.92	\$20.53	\$20.70
W7414 (9)	Pharmacologic Management - Home or Community by Psychiatric Nurse (Quantity 1=15 minutes)	\$20.96	\$12.32	\$12.43

*For Pharmacologic Management (W7413 and W7414), this is the rate for 15 minutes.

Wisconsin Medicaid Fee Schedule Mental Health/Substance Abuse Outpatient Services in the Home or Community

Effective for dates of services on and after July 1, 2000

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This fee schedule contains the following information:

Effective Date	The effective date of service on or after which the reimbursement rate applies.
Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF. For Medication Management (W7413 and W7414), this is the rate for 15 minutes.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g. recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

Mental Health/Substance Abuse Services Policy Analyst
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